

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 123400001		CITY OR TOWN STERI	LING
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	STAVAS INC			
DOING BUSINESS	A THE BLACK SHE	EP TAVERN		
ADDRESS 261 LEO	MINSTER RD.			
CITY/TOWN: STE	RLING	STATE: MA	ZIP CODE: 01564	
	ARIADIS, TYPE STANTINO	OF LICENSE: Res	staurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	S:		
			LAR FOR STORAGE. OUT DEXITS ON LEOMINSTER	
2. the license		l laws of the Commissiness (If not explain		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIF (Note: NOT Individual So	
Acts of 2004, signed	d by the building inspe	ector and the head	e certificate required by Ch l of the fire department for equired by Chapter 116 of	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	nin)			
(II disupproved expit	••••			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 123400003		CITY OR TOW	N STERLING	j
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS RTE 14	S A 140 RENDEZ				
CITY/TOWN: ST	ERLING	STATE: MA	ZIP CODE:	01564	
MANAGER: BEI	RUBE, RUTH	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	G, KITCHEN,DIN	MISES: NING ROOM AND LO R SERVING OUT OF D			
2. the licen	wed license will be see has complied v	e of the same type for the with all laws of the Com for business (If not exp	monwealth relatin		
SIGNED BY:	Individual, Par	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	IONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed by the building	are in possession (1) the grant inspector and the head or liability insurance	nd of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	 lain)		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED I	BY LICENSEES DURING THE I	MONTH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 10	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 123400008		CITY OR TOWN	STERLING	ł
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	LANPHER JOHN	W			
DOING BUSINESS	A WEST STERLIN	G PKG STORE			
ADDRESS 238 REI	DEMPTION ROCK				
CITY/TOWN: STE	ERLING	STATE: MA	ZIP CODE:	01564	
MANAGER: LAN W.	IPHER, JOHN TYP	PE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI		MAIL ADDRESS		
	LICENSED PREMIS				
	DING, TWO ROOM NTRANCE AND EX			S AND ONE	FOR
2. the licens	yed license will be of see has complied with sees are now open for	all laws of the Com	nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:			Dy.		
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 123400011		CITY OR TOW	N STERLING	3
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20)13
		CLASS	S		YEAR
LICENSEE N.	AME: STERLING PR	OPERTY MANAC	SEMENT		
DOING BUSI	NESS A STERLING N	ATIONAL COUN	TRY CLUB		
ADDRESS 33	ALBRIGHT ROAD				
CITY/TOWN:	: STERLING	STATE:	MA ZIP CODE:	01564	
MANAGER:	MATTHEWS, JANICE	TYPE OF LICENSI	E:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	MISES:			
STERLING R	OOM AND FUNCTION	N ROOM, TO INC	LUDE PATIO AS DEI	FINED BY BAI	RRIER
I hereby certify	y and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for	or the same premises no	ow licensed;	
2. the	licensee has complied v	with all laws of the C	Commonwealth relating	g to taxes; and	
3. the	premises are now open	for business (If not	explain below)		
SIGNED BY:	:				
	Individual, Part	ner or Authorized (Corporate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOY	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
*** 41 1			4 (1 (100)	. 11 61 4	204 641
	rsigned, attest that we s signed by the building				
	2) the certificate of liqu				
Please Check Bel	ow:		LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI	ED:		J		
(If disapproved	d explain)				
			-		
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 123400013	•	LITY OR TOWN	STERLING	J
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TPNG INC.				
DOING BUSINESS A	A CHOCKSETT INN	1			
ADDRESS 59 LAUR	ELWOOD ROAD				
CITY/TOWN: STEE	RLING	STATE: MA	ZIP CODE:	01564	
MANAGER: MOO NICO	*	E OF LICENSE: Innh	older C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISI	ES:			
	e has complied with a es are now open for b		_	to taxes; and	
SIGNED D1.	Individual, Partner of	or Authorized Corpora	ate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building insp	ector and the head	of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	ABER: 123400015		CITY OR TO	WN STERLING	Ĵ
APPLICATION	N FOR RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
DOING BUSIN	ME: BARBER'S CROSS NESS A S LEOMINSTER ROAD	SING NORTH INC	CORPORATED		
CITY/TOWN:		STATE: MA	ZIP CODI	E: 01564	
MANAGER:	WALLACE, JOHN TYP JR			CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
FIRST FLOOR	N OF LICENSED PREMIS COACH ROOM, HOUG M, LOWER LEVEL - STA	GHTON ROOM, T			E REAR
3. the p	Individual, Partner		,		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT	
Acts of 2004, s	signed, attest that we are signed by the building ins the certificate of liquor	spector and the he	ad of the fire de	partment for the	above named
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LIC By:	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	123400016		CITY OR TOWN STERLIN	NG
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 228 LEON	A TWIN OAKS RES			
CITY/TOWN: STEE	RLING	STATE: MA	ZIP CODE: 01564	
MANAGER: HEIN D.	OLD, TERRY TYPI	E OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
	LEASE ALSO VISIT OUR WEE		MAIL ADDRESS	
DESCRIPTION OF L			CE ONE STORY	
THREE ROOMS; KI'	——————————————————————————————————————		JE. ONE STORT	
	e has complied with a es are now open for b	ousiness (If not expla		d
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004, signed	by the building insp	pector and the head	e certificate required by Cha I of the fire department for t equired by Chapter 116 of th	he above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 12340001/		CITY OR TOWN STERLING	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEA	.R
DOING BUSI	AME: CANDICE M. WONG CORNESS A STERLING DELI & CON			
	Leominster Rd, unit 2			
CITY/TOWN:	STERLING STA	TE: MA	ZIP CODE: 01564	
MANAGER:	WONG, CANDICE TYPE OF LI M.	CENSE:Pacl	cage Store CATEGORY: All	Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES:			
2. the	renewed license will be of the same licensee has complied with all laws premises are now open for business Individual, Partner or Author	of the Comm (If not explain	onwealth relating to taxes; and in below)	
DATE:	TELEPHONE NUME	BER:	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHORIT By:	Y
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400018		CITY OR TOWN STERLIN	NG
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: JAYGOGA, CORP			
DOING BUSINESS A APPLETOWN MA	RKET		
ADDRESS 9 MAIN STREET			
CITY/TOWN: STERLING	STATE: MA	ZIP CODE: 01564	
MANAGER: CHIRAG J. PATEL TYPE	E OF LICENSE: Pac	ckage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
MARKET WITH BEER COOLER W/ DO I hereby certify and swear under penalties of 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for be	of perjury that: ne same type for the all laws of the Comm	same premises now licensed; nonwealth relating to taxes; an	d
SIGNED BY: Individual, Partner o	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 123400021		CITY OR TOWN	N STERLING	3
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	STIX ENTERPRISE	ES, INC			
DOING BUSINESS	A HARVEST GRILL	Æ			
ADDRESS 27 MAIN	STREET				
CITY/TOWN: STE	RLING	STATE: MA	ZIP CODE:	01564	
MANAGER: HAR	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: R	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
	' UNIT OF THE FIRS GE OF APROX. 1350		MAIN STREET, A	RESTAURAN	NT WITH
	ee has complied with a ses are now open for b Individual, Partner o	usiness (If not exp	lain below)	to taxes, and	
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	l, attest that we are i by the building insp ertificate of liquor li	ector and the hea	ad of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expla	 in)				
(ii disupproved expid	···· <i>,</i>				
DATE:					